

ISSUE SLIP STAFF: ARE A for additional cross references

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		10-10-01
O.I.P.E. CLASSIFIER			10-10-01
FORMALITY REVIEW			10-10-01
RESPONSE FORMALITY REVIEW	CC	50114	10-11-01

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
:	Restricted	U	Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
101		101		101	
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BEST AVAILABLE COPY

Applicant's Sheet

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